

Reimbursement

Addendum A Figures

Figure 2-4-A-1 Suggested Wording to the Beneficiary Concerning Rental vs. Purchase of DME

“We have determined under the Regulation that the total **TRICARE** benefit allowable, subject to usual deductible and cost-sharing requirements, is \$_____. This amount is equal to (the allowable purchase price of the equipment) (____ months of estimated medically necessary rental, at \$_____ allowable rental per month). |

“You may obtain this equipment under any arrangement you wish. However, it would be advantageous for you to obtain the equipment by (rental) (purchase or lease/ purchase). Any expenses you incur in excess of the **TRICARE**-allowable amount will be your own responsibility. |

“If you are not satisfied with the action taken on your case, you have the right to a review. Your written request for a review must state the specific matter with which you do not agree and must be received in this office within **ninety (90)** days of this notice. |

“Accordingly, **TRICARE** payments for this equipment will end with whichever of the following occurs **first**: |

1. When \$_____ has been reimbursed, subject to usual deductible and cost-share amounts.
2. When you no longer require the equipment medically.
3. When your **TRICARE** eligibility ends.” |

